

**DEPARTMENT OF PUBLIC HEALTH  
CLINICAL LABORATORY PROGRAM**  
305 South Street, Jamaica Plain, MA 02130  
(617) 983-6739 fax (617) 983-6740

**BLOOD COLLECTION STATIONS / PATIENT SERVICE CENTERS**

**Notification Form for Blood Collection Stations**

The regulations relating to Blood Collection Stations can be found in the “Rules and Regulations Relating to the Operation, Approval and Licensing of Clinical Laboratories (105 CMR 180.000)”.

**DEFINITION**

A facility where materials or specimens are either withdrawn or collected from patients or assembled after being withdrawn or collected elsewhere from patients for subsequent delivery to a clinical laboratory for examination. A collection station is a facility which is maintained at a separate physical location not on the grounds or premises of the main licensed laboratory or institution which performs the testing.

**FACILITY INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zipcode

Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Facility #: \_\_\_\_\_ CLIA #: \_\_\_\_\_

**COLLECTION STATION INFORMATION**

Location: \_\_\_\_\_  
if applicable [ex. building, physician office, clinic] - include room / suite #

Address: \_\_\_\_\_  
Street City State Zipcode

Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

☐ OPEN [section A]

☐ CLOSE [section B]

☐ MOVE [section C]

## SECTION A - OPEN

Anticipated Opening Date: \_\_\_\_\_

## SECTION B - CLOSE

Effective Date: \_\_\_\_\_

Location of Records:

Address: \_\_\_\_\_  
Street City State Zipcode

Person Responsible for Records: \_\_\_\_\_

## SECTION C - MOVE

Effective Date: \_\_\_\_\_

Address moving from [above address is the new address]:

Location: \_\_\_\_\_  
 if applicable [ex. building, physician office, clinic] - include room / suite #

Address: \_\_\_\_\_  
Street City State Zipcode

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Correspondence relating to a Blood Collection Station should be sent to:

**Clinical Laboratory Program  
 305 South Street  
 Jamaica Plain, MA 02130**